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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----|------------------------|-------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/780,325 |
| | | Filing Date | 02/17/2004 |
| | | Inventors | Steven C. Quay et. al. |
| | | Art Unit | 1653 |
| | | Examiner Name | Rosanne Kosson |
| Total Number of Pages in This Submission | 28 | Attorney Docket Number | 02-04CIP3, Project 0189 |

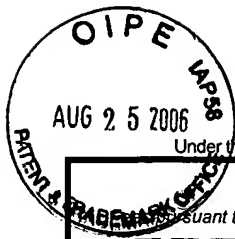
| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached \$180 <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> Request to Correct Priority Claim <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> IDS form 1449/ SB08B, <u>1</u> pages <input checked="" type="checkbox"/> Information Disclosure Statement- <u>2</u> pages <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Declaration and Power of Attorney, Declaration, 2 pages <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |
| Remarks Reporting prior art from PCT search report dated 4-25-2006 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Nastech Pharmaceutical Company Inc., Peter I. Knudsen Reg. No. 40,682 |
| Signature | |
| Date | August 22, 2006 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|------------|------|-----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Kerry King | | |
| Signature | | Date | August 22, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL

For FY 2006

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

| | |
|----------------------|-------------------------|
| Application Number | 10/780,325 |
| Filing Date | 02/17/2004 |
| First Named Inventor | Steven C. Quay |
| Examiner Name | Rosanne Kosson |
| Art Unit | 1653 |
| Attorney Docket No. | 02-04CIP3, Project 0189 |

☒ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**180.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 502769 Deposit Account Name: Nastech Pharmaceutical Company Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 0 Extra Claims 0 Fee (\$)\$25.00 = Fee Paid (\$)\$ 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 0 Extra Claims 0 Fee (\$)\$100.00 = Fee Paid (\$)\$ 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 0 Extra Sheets 0 Number of each additional 50 or fraction thereof 0 Fee (\$)\$125.00 = Fee Paid (\$)\$ 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS

SUBMITTED BY

| | | |
|------------------------------------|---|------------------------|
| Signature | Registration No. 40,682 (Attorney/Agent) | Telephone 425-908-3643 |
| Name (Print/Type) Peter J. Knudsen | | Date 8/22/2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Steven C. Quay, *et. al.*

U.S. Application Serial No.: 10/780,325

Filing Date: 02/17/2004

Title: COMPOSITIONS AND METHODS
FOR ENHANCED MUCOSAL DELIVERY
OF Y2 RECEPTOR-BINDING PEPTIDES
AND METHODS FOR TREATING AND
PREVENTING OBESITY

Attorney Docket No.: 02-04CIP3

Assignee: Natestch Pharmaceutical Company
Inc. by Reel 014680/Frame 0942

Examiner: Rosanne Kosson
Group Art Unit: 1653

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

- ☐ under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)
- ☒ under 37 CFR 1.97(c) together with either a:
☐ Statement under 37 CFR 1.97(e), or
☒ a \$180.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- ☐ under 37 CFR 1.97(d) together with a:
☐ Statement under 37 CFR 1.97(e), and
☐ a \$180.00 fee set forth in 37 CFR 1.17(p).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

X Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies of publications and the International Search Report and the Written Opinion of the related PCT Application, which applicant believes may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

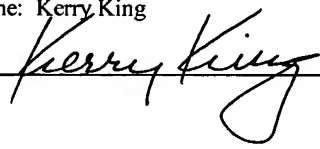
It is requested that the information disclosed herein be made of record in this application.


Respectfully submitted,

I hereby certify that this Correspondence is being deposited with the United States Postal service with sufficient postage for first class mail in an envelope address to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on the date indicated below.

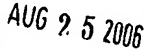
Date of Deposit: 8/22/2006

Typed Name: Kerry King

Signature: 



Peter J. Knudsen, Reg. No.: 40,682
Attorney for Applicants
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

1

of

1

Application Number

10/780,325

Filing Date

02/17/2004

First Named Inventor

Quay, Steven C.

Art Unit

1653

Examiner Name

Rosanne Kosson

Attorney Docket Number

02-04CIP3, Project 0189

Examiner
Initials*Cite
No.

Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.

 T^2

CERVIN, ANDERS, ET AL. "Functional Effects of Neuropeptide Y Receptors on Blood Flow and Nitric Oxide Levels in the Human Nose." AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE, pp. 1724-1728 v. 160, no. 5, Part I, November 1999 (1999-11), XP002376387; ISSN: 1073-449X

SUMAN, JULIE D. ET AL: "Validity of *In Vitro* Tests on Aqueous Spray Pumps as Surrogates for Nasal Deposition," PHARMACEUTICAL RESEARCH (NEW YORK), pp. 1-6, v. 19, no. 1, January 2002 (2002-01), XP002376388, ISSN: 0724-8741

Examiner
Signature

Date _____

Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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